

Tamplin

REP: EOL

ASSIGNMENT

From: _____ Date: 23/11/2017

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLN 819P
at Workshop m/s: Performance
of: 303 Alexandra Rd

Insured: _____

Policy No. _____

Claims No. _____

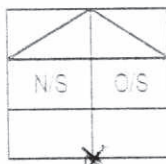
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bel. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Intrusion

SLN 819P

297 Aug

Vehicle

Type: M/Cab / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make:

BMW 216D

1496

Colour:

Silver

A/C Insured / Std / NI / NA

Sp Reading

2060

Radio Insured / Std / NI / NA

Eng No:

WB1A2B320XUV 92 60/8

C No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.A.

23/11/17 @ 1250

Survey held at

pmc

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time File Pass to:



: Preli. Report

Days Of Repair:

Date/Time File Return to:



: Final Report

Resurvey No. of Trip:

Survey Fee

Transportation

Report Format:

Lump Sum H.B.H.S

Add Fee:



Site Insp: \$



Interview: \$



Tech: \$



Witness: \$

_____ \$ - R.O. _____ \$

Phone

Time

